

EQUIPMENT INFORMATION

13. How are the following equipment in the vehicle powered?	
a. Water heater:	<input type="checkbox"/> gas, <input type="checkbox"/> propane, <input type="checkbox"/> generator, <input type="checkbox"/> inverter, <input type="checkbox"/> other:
b. Refrigerator:	<input type="checkbox"/> gas, <input type="checkbox"/> propane, <input type="checkbox"/> generator, <input type="checkbox"/> inverter, <input type="checkbox"/> other:
c. Steam Table:	<input type="checkbox"/> gas, <input type="checkbox"/> propane, <input type="checkbox"/> generator, <input type="checkbox"/> inverter, <input type="checkbox"/> other:
14. If you have a generator, where on the vehicle is it mounted?	15. How is the power cord installed?
16. Does your vehicle have shore power (can it plug into an outlet to power all electrical systems)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. What make and model is the:	
a. Refrigerator:	
b. Generator:	
c. Freezer:	
d. Inverter/batteries:	
e. Water Heater:	
18. If refrigerator is not a prefabricated commercial refrigerator, what make and model are the:	
a. Compressor:	
b. Heat Exchanger:	
c. Thermostat:	
19. Does the food vehicle have a hand-wash sink? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Does it have a three-compartment sink? <input type="checkbox"/> Yes <input type="checkbox"/> No

21. Do you have a probe-style thermometer? <input type="checkbox"/> Yes <input type="checkbox"/> No	22. What size in gallons is your hot water heater?
23. What size in gallons is your clean water tank?	24. What size in gallons is your waste water tank?
25. Where do you fill and empty your tanks?	26. Do you have a clean water hose to fill your tank with?
27. How is your clean water hose marked to make sure you don't use it for dirty water?	28. What temperature does your hot water have to be?
29. Does your hand-wash sink have soap in a dispenser? <input type="checkbox"/> Yes <input type="checkbox"/> No	30. Does your hand-wash sink have paper towels in a dispenser? <input type="checkbox"/> Yes <input type="checkbox"/> No
31. What equipment does your vehicle have? Check all that apply. List equipment not listed. <input type="checkbox"/> Stove, range, burners <input type="checkbox"/> Griddle <input type="checkbox"/> Barbecue grill <input type="checkbox"/> Mechanical refrigerator <input type="checkbox"/> Steam table <input type="checkbox"/> Deep fryer <input type="checkbox"/> Handwash sink <input type="checkbox"/> Three compartment sink <input type="checkbox"/> Other:	
32. Do you have mechanical exhaust ventilation (a hood) over all cooking equipment such as grills, fryers, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
33. Do your hood fans work?	34. Does your hood have an ANSUL?
35. If so, when was the last time it was serviced?	36. How often do you service it?
37. Do you have a first aid kit?	38. Do you have a Fire extinguisher rated 10 BC?
39. When was the last time it was serviced?	40. How often do you service it?
41. Are all of the surfaces in the vehicle smooth and easy to clean? (No raw wood or uneven edges)	
42. Are all the gaps or spaces around pipes, conduits or hoses sealed and smooth?	

43. Do all windows and doors have screens or closable partitions to prevent entrance of vermin?

COMMISSARY

44. Does your commissary have adequate space for you to store your food and utensils?

45. If not, where will you store it?

46. Does your commissary have adequate hand-washing facilities?

47. Does your commissary have utensil washing equipment?

48. What do you plan on doing at the commissary? (Check all that apply)

<input type="checkbox"/> Cooking	<input type="checkbox"/> Cooling	<input type="checkbox"/> Baking
<input type="checkbox"/> Washing utensils	<input type="checkbox"/> Marinating	<input type="checkbox"/> BBQing
<input type="checkbox"/> Storing supplies	<input type="checkbox"/> Packaging/Labeling	<input type="checkbox"/> Mixing/blending
<input type="checkbox"/> Reheating	<input type="checkbox"/> Storing utensils	<input type="checkbox"/> Thawing
<input type="checkbox"/> Other:		

49. Do you understand that you must take your vehicle to be serviced at the Commissary at least every day that you use it?

50. What time of day are you planning on being at your Commissary?

OPERATIONS

51. What kinds of food and drinks do you plan to sell? Give a complete menu.

52. How many employees do you intend to have?	53. How often do you intend to prepare food?
54. List all facilities, places, and/or vehicles where food will be prepared and stored?	
55. Which foods will be prepared at the commissary in addition to on the vehicle?	
56. Which foods will be prepared on the vehicle?	
57. Where do you obtain your products?	
a. Meat:	
b. Seafood:	
c. Poultry:	
d. Vegetables/Fruits:	
e. Dry Ingredients:	
f. Beverages:	
g. Ice:	
58. How are these foods transported to your truck (Do you pick them up or are they delivered?)	
59. What days of the week do you intend to operate?	
<input type="checkbox"/> Monday, <input type="checkbox"/> Tuesday, <input type="checkbox"/> Wednesday, <input type="checkbox"/> Thursday, <input type="checkbox"/> Friday, <input type="checkbox"/> Saturday, <input type="checkbox"/> Sunday	
60. What hours per day do you intend to operate? (example: from 6:00 am to 1:00 pm, then from 4:00 pm to 10:00 pm)	
61. Where do you plan on operating? Give a list of location(s). Use a separate sheet of paper if needed.	

62. Do you serve rice and beans?
63. Do you soak the beans?
64. If you do NOT soak or cook the beans, where do you get the beans?
65. Where do you soak the beans?
66. How long (in hours) do you soak the beans?
67. How to you cook the beans?
68. What equipment do you use to cook the beans?
69. Where do you cook the beans?
70. How do you cook the rice?
71. Where do you cook the rice?
72. What equipment do you use to cook the rice?
73. Do you have the proper land use entitlements to operate at the above locations? <i>(Check with the proper zoning offices listed at the end of this document. Provide documentation of land use entitlements.)</i>

74. How are hot food temperatures going to be maintained during your operating hours?	
75. How are hot food temperatures going to be maintained during transport when you are driving between sites and your commissary?	
76. How are cold potentially hazardous food (meat, dairy, poultry, fish, cut melons, etc.) temperatures going to be maintained during your operating hours?	
77. How are cold food temperatures going to be maintained during transport when you are driving between sites and your commissary?	
78. What is the minimum temperature for hot foods?	79. What is the maximum temperature for cold foods?
80. What kind of sanitizer will you use?	81. How strong does it need to be?
82. How do you check your sanitizer strength?	83. Do you or an employee have food safety certification?
84. Who is the person that has food safety certification?	85. From what company?
86. When did they take the exam?	
87. Do you have a plan in place for educating the other employees/food handlers?	
88. How long is the drive from the commissary to the area where you intend to operate?	
89. How will you check your food temperatures?	90. What do you do with leftovers?
91. Do you understand that you cannot prepare food at your home?	
92. Do you understand that during operations, all food needs to be held, stored, displayed, and served only from the vehicle (You cannot set up a table or a cooking unit outside of the vehicle)?	
93. Do you understand that you cannot park your vehicle in any location except the commissary for longer than one hour unless you have special permits from the City, County, and/or Zoning Department?	
94. Do you understand that you cannot build onto your vehicle, install tables, chairs, awnings, portable toilets, electrical service, etc., unless you have permission to have a permanent location from the City, County, and/or Zoning Department?	
95. What should you do if you lose power to the refrigerator?	

96. What will you do if you have no hot water?

Notes/Comments:

The above is an accurate description of how we will operate our business. If there are changes to the above, then we will notify the Community and Economic Development Department, Division of Environmental Health in writing at 2222 "M" Street, Merced, CA 95340.

Print Name: _____

Sign here: _____

Date: _____